

**SOLLAZZO CENTER**  
270 Harrison Avenue  
Harrison, NY 10528  
670-3179

**HARRISON RECREATION**  
One Heineman Place  
Harrison, NY 10528  
670-3035

**LEO MINTZER CENTER**  
251 Underhill Avenue  
W. Harrison, N.Y. 10604  
949-5265

**HARRISON SUMMER SWIM TEAM**

Summer Swim Team for boys and girls ages 5-17. This swim team is a member of the competitive Westchester County Swimming Association, Southern Westchester Conference. The program will run from May 31<sup>st</sup> through the second week in August. Try outs are on May 31<sup>st</sup> at 5:00 with practices beginning June 1<sup>st</sup> on **Tuesdays and Wednesdays from 5:00 - 6:00 pm** at the Louis M Klein Middle and in late June practice times and location will move to the Ron Belmont Pool Complex in West Harrison on **Monday, Wednesday, and Thursday evenings from 6:30 - 7:45 and Tuesday mornings from 7:30 - 8:30 am**

Evaluations will be held on May 31<sup>st</sup> at 5:00 pm. Swimmers must be able to swim at least one length of the pool using front crawl. If your child competed last year, they do not have to come to evaluations.

Parents of interested children should complete the application and return it to the Recreation Department at one of the above recreation offices. Fee must be paid in person at registration.

Swim Team fee is \$275. Checks made payable to the Town/ Village of Harrison. Questions please call Dot Klein at 949-5265.

**REGISTRATION IS ROLLING**

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Name\_\_\_\_\_Sex\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_Town\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Email Address\_\_\_\_\_

Parent Harrison 2016 ID #\_\_\_\_\_ (required to participate)

AGE on July 1, 2016 \_\_\_\_\_ BIRTHDATE Month\_\_\_\_ Day\_\_\_\_Year\_\_\_\_

**COPY OF A BIRTH CERTIFICATE IS REQUIRED AT TIME OF REGISTRATION**

We, the parents or legal guardians of the child named above, hereby give our consent to his or her participation in the 2016 Harrison Swim Team program. We release the Recreation Department Town-Village of Harrison, and related League personnel from any responsibility should any mishap occur.

Print Mother's Name\_\_\_\_\_Mother's Signature\_\_\_\_\_

Print Father's Name\_\_\_\_\_Father's Signature\_\_\_\_\_

I would like to volunteer to help: YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, please check one or more: Timing\_\_\_\_\_ Scoring\_\_\_\_\_ Ribbon Writing\_\_\_\_\_

Parents are responsible for their child's physical condition. Child must be in good health to participate in the swim program.

**OFFICE USE ONLY**

Registration Amount\_\_\_\_\_ # of Participants in Family\_\_\_\_\_ Check#\_\_\_\_\_